

Alameda County Coroner's Bureau Gregory J. Ahern, Sheriff/Coroner 2901 Peralta Oaks Court, Oakland, CA 94605 (510) 382-3000

Coroner Investigator's Report

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CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE)			UNIDENTIFIED		CASE NUMBER		
	DIAZ, Yanet				2014-00654			
	REPORTED BY REPORTED BY PHONE		REPORTING A		REFERENCE NUMBER			
	Geraldine Perez			Washington Hospital				
X	INVESTIGATOR CALL DATE AND TIME		CASE TYPE	CASE TYPE				
	REBECCA LORENZANA 2/27/2014 1126			Removal Case				
	DATE AND TIME OF DEATH	DATE OF BIRTH AGE	GENDER	RACE	MARITAL STATUS	VET		
	2/26/2014 2235	2/19/1981 33 Ye	ears Female	Mexican	Married			
	HGT WGT EYE COLOR	HAIR COLOR OCCUPA	TION	EMPLOYER	*			
	Brown	Brown House	eKeeper					
_								
Z	Preliminary Summary:							
DE								
핑								
DECEDENT								
_								
	LOCATION OF DEATH				LOC TYPE			
	Washington Hospital				HOSP			
	ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	,				
	2000 Mowry Avenue, Fremont, C	A, 94538	Alame	eda				
	Manner Suicide	Death Certifi	cate Signed By		•			
т	Cause A Anoxic brain injury				Interval	Days		
DEATH	Cause B Asphyxia by hanging				Interval	Days		
)E						Days		
	Cause C				Interval			
	Cause D			· · · · · · · · · · · · · · · · · · ·	Interval			
	Other							
	Significant							
	Conditions							
	LEGAL NEXT OF KIN	RELATIONSHIP		TELE	PHONE NO.			
NOTIFIC.	EEG/IC NEXT OF THIS	KEEKHONOHII		12221	HONE NO.			
	NOTIFIED BY	METHOD		DATE	AND TIME			
	IDENTIFICATION METHOD	DATE AND TIME						
	Personal Identification	2/26/2014 22	235					
	LOCATION OF INCIDENT			AT WO	ORK			
느	Fremont Hall of Justice							
m N	ADDRESS (STREET, CITY, STATE, ZIP) COUNTY			DATE AND TIME OF INCIDENT				
믔	39439 Paseo Padre Parkway, Fremont, CA, 94538 Alamed							
INCIDENT	INVESTIGATING AGENCY	INV AGENCY PHONE	NUMBER	OFFIC	ER			
	Alameda County Sheriff's Office-ETS							
	FUNERAL HOME	_		E TO FUNERAL HOME ON				
DISP	CONTINENTAL FUNERAL HOME			3/7/2014 1410				
	Full Autopsy Partial Autopsy Inspection	Record Review Inspection w/Spe		VED				
	Yes		TOM BEA	\VEK				



Gregory J. Ahern, Sheriff / Coroner

Coroner's Bureau, 480 4th Street, Oakland, CA

94607-3829

(510) 268-7300 / (510) 268-7333 (fax)

Investigator Narrative

Decedent:

DIAZ, Yanet

Case Number:

2014-00654

Investigator:

Rebecca Lorenzana

First Call Information:

On Thursday, February 27, 2014, about 1125 hours, Registered Nurse Geraldine PEREZ, of Washington Hospital called and reported the death of 33 year old female, Yanet DIAZ. PEREZ told me (LORENZANA), on February 21, 2014, about 1215 hours, DIAZ was found unresponsive with a telephone cord around her neck at a courthouse in Fremont. EMS was summoned, and DIAZ was transported to the emergency room by paramedics with life saving efforts in progress. DIAZ was resuscitated and placed on life support where she had been since being transported to the hospital. PEREZ had no other information regarding the incident, other than she believed DIAZ was in custody at the time of the incident.

On Wednesday, February 26, 2014, at 2215 hours, a 1st brain death was declared by Dr. Daniel SWEENY. The 2nd brain death was pronounced today, February 27, 2014, at 0945 hours by Dr. Sharan SINGH. The California Transplant Donor Network (CTDN) is interested in pursuing organ donation and plans on approaching the family tonight regarding being granted authorization. I told PEREZ to let us know as soon as possible once the family has consented to the donation so it could be presented to the chain of command here for authorization. PEREZ said she would keep us updated. (RL1702)



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Medical Summary:

DIAZ' medical history was unknown at the time of the report. It was later discovered she was an inmate at Santa Rita Jail in Dublin, CA, and was known to

Mental Health Inmate and housed in a Behavioral Health Unit according to jail policy and procedure.

I requested medical records from Washington hospital via fax and received them shortly after. They were added to the case file. (RL1702)

Description of the Death/Injury Scene:

On February 21, 2014, about 1140 hours, DIAZ was placed in a female holding cell on the first floor of the Fremont Hall of Justice after she had met with her public defender. She was placed in the cell alone because her behavior was disrupting court procedures. About 1209 hours, DIAZ was seen hanging from a telephone cord around her neck. Fellow inmates called for help and deputies responded. Deputies removed the cord from around DIAZ' neck and initiated cardiopulmonary resuscitation until paramedics arrived. DIAZ was transported to Washington hospital where she remained unconscious.

DIAZ was pronounced deceased in the Washington Hospital CCU, room #1. The room is a standard hospital room with one bed and medical therapy machines/equipment throughout. (RL1702)

Body Identification:



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DIAZ was personally identified as Yanet DIAZ by her family at the hospital. They were at her bedside when death was pronounced. (RL1702)

On March 11, 2014, I (GOGNA) received a letter from the Alameda County Central Identification Bureau (CIB) confirming that the fingerprints taken from the decedent was associated with Person File Number: with the name Janet Lopez DIAZ. (AG#1303)

Next of Kin Investigation:

DIAZ was married to (RL1702) was notified of the death by hospital staff.

Other Agency Reports:

This death occurred within the jurisdiction of the Alameda County Sheriff's Office. Report 14-003238 was issued for this case. A copy of the report was added to the case file. In summary, the report indicated DIAZ was upset because she was not going to be released from jail. She was found in a cell with a phone cord wrapped around her neck and was slightly suspended but her shins touched the floor. There were no signs of foul play or indications that a struggle may have taken place.



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According to Deputy COMFORT the telephone cord was a round aluminum type cord and was approximately 30 inches long. Photographs of the scene were provided to me and added to the case file. (RL1702)

Property and Evidence:

Coroner receipt 34642 was issued for DIAZ. (RL1702)

Coroners Fees:

Removal and preparation fees of \$321.00 apply. The fees were paid in full on March 7, 2014 when DIAZ was removed from the Coroner's Bureau by Continental Funeral home. Accounting receipt 4719 was issued to reflect the payment. (RL1702)

Other Investigative Details/ Supplemental Information:

On Thursday, February 27, 2014, about 1235 hours, I called the Santa Rita Jail Watch Commander, Sergeant GALLES and informed him of the death. He provided DIAZ' person file number as and reported she was classified as a mental health inmate. I requested records be sent to us from CJMH and GALLES said he would attempt to send them to me if there were any available. At the, time I also informed Sergeant WILSON of the death. (RL1702)



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On Thursday, February, 27, 2014, about 1719 hours, I received a call from Peyton WONG with the Donor Network. WONG said the Donor Network had received authorization from the family and the documents were being drawn up. WONG asked if the donation could take place as the forms were being signed and later faxed to the Coroner's Bureau. I told WONG that was not possible until we had received the authorization in writing, then, at that time, the donation would need to be approved by the Coroner's Bureau unit Commander, Lieutenant BOWERS and Chief Pathologist, Dr. BEAVER. I told WONG he would then be notified of their decision for approval or denial of the donation. WONG said he understood and would fax the documents when they were completed. (RL1702)

On Thursday, February 27, 2014, about 1800 hours, I explained this case to Dr. BEAVER and the impending donation request. Dr. BEAVER said he did not have any restrictions for donation other than the eyes. The eyes were not to be touched prior to his examination of the decedent. I explained to Sgt. WILSON the conversation I had with Dr. BEAVER and his authorization with the restriction. Sgt. WILSON said she would call the Donor Network at 1900 hours if the paperwork has not been faxed soon. (RL1702)

About 2030 hours, I (P. Wilson) received the Organ/Tissue Donor Authorization Form and supporting documents from CTDN. I spoke with Ryan Crull, Transplant Coordinator, and he explained they would complete required testing preparation for procurement by tomorrow evening, Friday. He said in the best case, DIAZ would go to the operating room Friday evening, but it would likely be Saturday evening. He agreed he would notify the Bureau when a time frame for the procurement was established, when they were finished, and in the event they did not move forward with the donation. He agreed to send organs back to the Bureau if not used for transplants. He understood the restriction of no Corneas, nothing above the neck, as well as no organs for research. He also agreed to collect two tubes of blood as well as attempt to obtain admission blood if available. I added the authorization documents to the case file. (PW#1494)



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On Wednesday, March 5, 2014, at 0615 hours, Deputy FRAZIER and I (WILSON) went to Washington Hospital and met the Nursing Supervisor. She released the decedent to us and called security to escort us to the morgue. The decedent was face up on a hospital gurney, nude and wrapped in a white body bag. There was an incision down the front of her chest and abdomen from the organ donation. CTDN records and blood were with the body. FRAZIER and I made the removal and placed her in the Coroner's van. We later returned to the Bureau and processed the decedent in the morgue. (dlw29)

On March 7, 2014, Central Valley Toxicology performed a complete drug screen on the blood specimen obtained from Washington Hospital. There were no common acidic, neutral or basic drugs detected. There was no ethyl alcohol detected. (RL1702)

Findings:

On March 6, 2014, I reviewed this case to determine a manner of death and to prepare it for closure.

Upon review of the autopsy protocol and cause of death given by Pathologist T. BEAVER of

the Alameda County Sheriff's Office report, and toxicology report, I
have determined the manner to be suicide. Although DIAZ' history did not include suicidal ideations, she was witnessed to be physically distraught after hearing she would not be released from jail only minutes before she was found hanging in the cell where she was being kept alone. An investigation conducted by deputies of the scene and of the statements of the inmates who had found DIAZ, revealed no indication of foul play had taken place. (RL1702)

Supervisor Review:



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On Thursday, September 25, 2014, I (Sgt. Baron) reviewed this case and found it to be complete. I concur with the findings and approve this case for closure. (HB#2017)



Case Name:

TOXICOLOGY NUMBER: CVT-14-3713

Diaz,

Yanet

Hospital sample: 9 ml (2 vials) blood each labeled "Diaz, Yanet; 2014-00654;

Specimen Description: 03/06/2014; UNOS# ABB2471; ABO O; SEX F; YDL; DOB 02/19/81; Washington

Hospital; Fremont CA; 03/01/14; 1130 hrs; PST; JWH"

Delivered by Tricor

Date 07-Mar-14

Bill Posey Received by

Date 07-Mar-14

Request: Complete Drug Screen

Agency Case # 2014-00654

Requesting Agency

Alameda Co. Coroner's Office

Attn: Acct's Payable 480 4th Street

Oakland CA 94607

Report To

Alameda Co. Coroner's Office

Attn: Dr. Beaver 480 4th Street

Oakland CA 94607

RESULTS

Specimen: Hospital Blood (Gray Top Vial-03/01/14, 1130 hrs) Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected. No Ethyl Alcohol detected.

3/2//4

B.L. POSEY S.N. KIMBLE Directors

1580 Tollhouse Road Clovis, California 93611 Phone (559) 323-9940 Fax (559) 323-7502

March 13, 2014

Coroner's Bureau 480 4th Street, Oakland, CA 94607-3829

Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal

MEMORANDUM

DATE:

March 6, 2014

FROM:

Thomas R. Beaver, M.D.

TO:

Case File 2014-00654

SUBJECT:

AUTOPSY PROTOCOL

Autopsy performed upon the body of Yanet Diaz Lopez at the Coroner's Bureau, 480 4th Street, Oakland, California, on March 6, 2014, at 10:00 a.m.

AUTOPSY FINDINGS

- I. ANOXIC BRAIN INJURY DUE TO ASPHYXIA BY HANGING:
 - A. LIGATURE FURROW, ANTERIOR NECK, WITH DISTINCT PATTERN
 - B. VENOUS DURAL THROMBOSIS
 - C. CEREBRAL EDEMA, SEVERE, ACUTE.
- II. STATUS POST MULTIORGAN HARVESTING INCLUDING HEART, LIVER AND BILATERAL KIDNEYS.
- III. POSTMORTEM TOXICOLOGICAL ANALYSIS OF HOSPITAL BLOOD FROM MARCH 1 REPORTED NEGATIVE.
 - IV. STATUS POST TUBAL LIGATION, BILATERAL, REMOTE.

CAUSE OF DEATH: ANOXIC BRAIN INJURY DUE TO ASPHYXIA BY HANGING.

cc: EMS

District Attorney
Investigations Bureau



1.	CIRCUMSTANCE	OF	DEATH
_			

- 2 Reportedly, the decedent is a 33-year-old female who was
- 3 found unresponsive with a telephone cord around her neck in the
- 4 interview room of a Fremont courthouse. Reportedly, she was
- 5 transported to the Emergency Room and resuscitated. Reportedly,
- 6 this occurred on 2/21/14. Subsequently there was a brain death
- 7 declaration, and the decedent was made an organ donor.

8 EXTERNAL EXAMINATION

- The body is that of an unembalmed, well-developed, well-
- 10 nourished female appearing approximately her recorded age of 33
- 11 years. The length is 59 inches. The weight is 134 pounds.
- 12 Rigor mortis is present in the muscles of the jaw and
- 13 extremities. Livor is faintly present over the dorsal aspect of
- 14 the body, where it blanches sluggishly to palpation. Cosmetic
- 15 earlobe piercing is apparent bilaterally. The ears are
- 16 otherwise unremarkable. The head is normocephalic. The scalp
- 17 is covered by long (up to 20 cm) brown hair which has been
- 18 tinted red and orange. The eyebrows are bushy and dark brown.
- 19 There is no crepitus to palpation over the bridge of the nose.
- 20 The irides are brown. The pupils are round, equal, central and
- 21 measure 3 mm. There are no hemorrhages within the palpebral or
- 22 bulbar conjunctivae. There is drying artifact on the eyes,

- 23 anteriorly. Photographs are obtained. The external nares are
- 24 unremarkable. The nasal septum is intact and in the midline.
- 25 The decedent's natural teeth are in good repair. There are no
- 26 chipped teeth. There are no broken teeth. There is no evidence
- 27 of trauma to the mucosal surfaces of the oral cavity. The neck
- 28 is symmetrical and well developed. There is a ligature mark on
- 29 the anterior neck (see "EVIDENCE OF INJURY").
- The chest is symmetrical and well developed. The breasts
- 31 are normal adult female. There are no palpable masses or nipple
- 32 discharges. The abdomen is flat, firm and free of palpable
- 33 masses. The external genitalia are normal adult female. There
- 34 is no evidence of trauma to the external genitalia.
- The lower extremities are symmetrical and well developed.
- 36 There is a fungal infection within the toenails bilaterally.
- 37 Attached to the left great toe are two cardboard identifi-
- 38 cation tags bearing identifying information for the decedent.
- 39 Attached to the right great toe is a cardboard identification
- 40 tag bearing identifying information for the decedent.
- The upper extremities are symmetrical and well developed.
- 42 The fingernails are long and neatly trimmed. There is a scant
- 43 amount of dirt beneath the fingernails. There is no tissue or
- 44 hair beneath the fingernails. There is no tearing of the

- 45 fingernails. Nail clippings are obtained.
- The back is symmetrical and well developed. There is no
- 47 evidence of trauma to the anus.
- 48 EVIDENCE OF THERAPY: Protruding from the flexor aspect of
- 49 the right upper arm is a plastic vascular catheter. Present on
- 50 the anterior chest and extending down the abdomen from the
- 51 suprasternal notch to the pubic symphysis is a midline incision
- 52 held closed by black suture material. Protruding from the
- 53 external urethral meatus is a Foley-type catheter. Protruding
- 54 from the oral cavity is an endotracheal tube. Present at the
- 55 right wrist are two hospital identification bracelets. Present
- 56 at the radial aspect of the right wrist are at least eight
- 57 needle puncture marks. Protruding from the flexor aspect of the
- 58 left forearm is a plastic vascular catheter. Protruding from
- 59 the rectum is a rectal tube. Present on the dorsum of the right
- 60 hand are at least eight needle puncture marks. A single cardiac
- 61 monitoring patch is adherent to the right flank. Present on the
- 62 right lower quadrant of the abdomen are multiple needle puncture
- 63 marks associated with a small amount of extravasated blood.
- 64 Present on the flexor aspect of the left upper arm is a mottled,
- 65 purple-red, indistinct cutaneous discoloration. Present at the
- 66 right ankle is a hospital identification bracelet. Present

- 67 along the right costal margin is an irregularly shaped,
- 68 1.5 x 1.0-cm, mottled, indistinct, purple-red cutaneous
- 69 discoloration. There is no other cutaneous evidence of recent
- 70 therapeutic intervention.
- 71 SCARS AND IDENTIFYING MARKS: Present on the dorsum of the
- 72 left wrist is a roughly circular scar. Present on the anterior-
- 73 medial right thigh are scattered, roughly circular, well-healed
- 74 scars. Some of these are hypopigmented.
- 75 EVIDENCE OF INJURY: Present on the anterior neck and
- 76 extending to the posterior neck bilaterally is a ligature furrow
- 77 which has a distinctive and repeating pattern of vertically
- 78 oriented cutaneous indentations ranging from 0.7 to 0.9 cm in
- 79 length. Photographs are obtained. Extrapolation of the
- 80 ligature furrow demonstrates the point of suspension to be in
- 81 the left posterior neck area. Present in the left inguinal area
- 82 is a mottled purple-red indistinct contusion measuring 4 x 3 cm.
- 83 Scattered over the left lower leg are multiple irregularly
- 84 shaped and variably sized, mottled, indistinct, purple-red
- 85 cutaneous discolorations. There is no other cutaneous evidence
- 86 of recent significant injury. There are no palpable fractures
- 87 of the long bones of the lower extremities. There are no
- 98 palpable fractures of the long bones of the upper extremities.

89

INTERNAL EXAMINATION

Through a modified Y-SHAPED INCISION which incorporates the 90 previous organ harvesting incision, 3 cm of yellow subcutaneous 91 adipose tissue and soft, red-brown musculature are revealed. 92 There is a median sternotomy incision present. There is marked 93 surgical disruption of the normal anatomical landmarks and the 94 viscera. The pericardial sac is markedly disrupted and the 95 heart is absent. The diaphragms are markedly disrupted and the 96 liver is absent. The lungs are atelectatic and placed in a 97 pleural cavity. Portions of the abdominal viscera including 98 small intestines, colon and stomach are present within the 99 previous thoracic cavity. The right pleural cavity contains 100 200 mL of serosanguineous fluid. The left pleural cavity 101 contains 400 mL of serosanguineous fluid. The abdominal viscera 102 are markedly disrupted in the peritoneum, with the retroperi-103 toneal organs absent. There are no rib fractures. There are no 104 unusual odors. 105 CARDIOVASCULAR SYSTEM: The heart is absent owing to 106 previous organ harvesting. The residual portion of aorta, as 107 examined, is grossly unremarkable. The residual portions of 108 pulmonary arteries are free of thromboemboli and are otherwise 109 110 grossly unremarkable.

111	RESPIRATORY TRACT: The trachea contains an endotracheal
112	tube. The trachea and mainstem bronchi are otherwise free of
113	foreign material. The mucosal surfaces of the trachea and
114	mainstem bronchi are grossly unremarkable. The right lung
115	weighs 300 grams. The left lung weighs 270 grams. The pleural
116	surfaces are smooth, glistening and pink-tan to red-brown.
117	Serial sections are spongy and pink-tan to red-brown with areas
118	of dependent congestion. There are no masses. There are no
119	purulent exudates. Emphysematous changes are inconspicuous.
120	GASTROINTESTINAL TRACT: The esophagus is of normal course
121	and caliber. The serosal surface of the esophagus is grossly
122	unremarkable. The esophagus is free of foreign material. The
123	mucosal surface of the esophagus is grossly unremarkable. The
124	serosal surface of the stomach is grossly unremarkable. The
125	stomach contains 70 mL of green, opaque, viscous material, a
126	portion of which is retained. Medications are not identified.
127	The mucosal surface of the stomach is grossly unremarkable. The
128	serosal surface of the small bowel is grossly unremarkable. The
129	small bowel contains a moderate amount of yellow-green liquid
L30	material. Medications are not appreciated. The mucosal surface
L31	of the small bowel is grossly unremarkable. The serosal surface
L32	of the colon is grossly unremarkable. The colon contains a

- 133 moderate amount of pasty, green-brown fecal material. The
- 134 mucosal surface of the colon is grossly unremarkable.
- 135 HEPATOBILIARY TRACT: The liver is absent owing to organ
- 136 harvesting.
- 137 HEMATOPOIETIC SYSTEM: The residual portion of spleen
- 138 weighs 90 grams. The splenic capsule is focally incised, and
- 139 biopsy specimens have been removed. The residual portion of
- 140 spleen is otherwise grossly unremarkable. The lymph nodes and
- 141 bone marrow are grossly unremarkable.
- 142 ENDOCRINE SYSTEM: The right and left adrenal glands are
- 143 absent owing to previous organ donation. The pancreas is of
- 144 normal size, shape and position. The surface of the pancreas is
- 145 grossly unremarkable. Serial sections demonstrate preservation
- 146 of the normal pancreatic lobular architecture. There are no
- 147 calcifications or hemorrhages. The thyroid gland is of normal
- 148 size, shape and position. The serosal surfaces and cut sections
- 149 are grossly unremarkable. The pituitary is of normal size,
- 150 shape and position.
- 151 GENITOURINARY TRACT: The right and left kidneys are absent
- 152 owing to previous organ donation. The urinary bladder contains
- 153 the Foley catheter and no appreciable urine.
- The bilateral fallopian tubes show previous tubal ligation,

176

155 with the distal portions of the tubes absent. The bilateral ovaries are grossly unremarkable. The uterus is of normal size, 156 shape and position. The endometrium is yellow-tan and otherwise 157 158 grossly unremarkable. The uterine cervix is grossly 159 unremarkable, as is the vaginal mucosa. 160 Reflecting the scalp demonstrates no abnormal 161 collections of extravasated blood within the soft tissues of the scalp or over the surface of the bony calvarium. Reflecting the 162 temporalis muscles bilaterally demonstrates no abnormal 163 collections of extravasated blood. Reflecting the bony 164 165 calvarium demonstrates no epidural, subdural or subarachnoid collections of extravasated blood. Skull fractures are not 166 167 identified. Discolorations of the bony calvarium are not 168 apparent. The venous dural sinuses contain firm, red-brown, occlusive thromboemboli. The brain in the fresh state weighs 169 170 1120 grams. There is marked cerebral edema as evidenced by widening of the gyri and narrowing of the sulci. The lepto-171 meninges over the surface of the brain and around the base of 172 173 the brain are thin, clear and delicate. Purulent exudates are not appreciated. There is no herniation of the hippocampal unci 174 or cerebellar tonsils. The circle of Willis has its usual 175

anatomical relationships. There are no atheromas or aneurysms

present. Serial coronal sections of the cerebral hemispheres 177 demonstrate no gross abnormality of the gray and white matter. 178 Mass lesions are not identified. Hemorrhages are not present. 179 Serial sagittal sections of the cerebellum demonstrate 180 preservation of the normal cerebellar architecture. There is no 181 gross abnormality of the gray and white matter. Serial 182 transverse sections of the brain stem and midbrain demonstrate 183 preservation of the normal architecture. There are no gross 184 abnormalities of the gray and white matter. Mass lesions are 185 not identified. Hemorrhages are not present. Stripping the 186 dura from the base of the skull demonstrates no basilar skull 187 fractures or bony deformities. Examination of the superior 188 cervical spinal canal, upon flexion, extension and rotation of 189 the head, demonstrates no fractures or subluxations. 190 The hyoid bone and thyroid cartilage are intact. 191 There are no abnormal collections of extravasated blood over the 192 surface of the hyoid bone or thyroid cartilage. Laminar 193 dissection of the strap muscles of the neck demonstrates no 194 abnormal collections of extravasated blood. The cricoid 195 cartilage is intact and grossly unremarkable. The larynx and 196 hypopharynx are free of foreign material. The mucosal surfaces 197 of the larynx are grossly unremarkable. The epiglottis and 198

199	vocal cords are grossly unremarkable.
200	The tongue is of normal size, shape and position. The
201	surface of the tongue is grossly unremarkable. Sections
202	demonstrate no abnormal collections of extravasated blood and
203	are otherwise unremarkable.
204	TOXICOLOGY SPECIMENS:
205	Hospital blood from March 1 is collected and submitted for
206	toxicological analysis.
207	Psoas muscle is collected and retained.
208	Vitreous humor is collected and retained.
209	Gastric contents are collected and retained.
210	
211	
212	Jan M. B.
213	Thomas R. Beaver, M.D.
214	
215	TRB/cah